



**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1090961  
OIL & GAS CONSERVATION DIVISION

Form CP-4  
March 2009

Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

OPERATOR: License #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
 Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes  No  
 Producing Formation(s): List All (If needed attach another sheet)  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
 Date Well Completed: \_\_\_\_\_  
 The plugging proposal was approved on: \_\_\_\_\_ (Date)  
 by: \_\_\_\_\_ (KCC District Agent's Name)  
 Plugging Commenced: \_\_\_\_\_  
 Plugging Completed: \_\_\_\_\_

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Party Responsible for Plugging Fees: \_\_\_\_\_  
 State of \_\_\_\_\_ County, \_\_\_\_\_, ss.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

P.O. BOX 884  
CHANUTE, KS 66720  
PHONE: 620-431-9210  
Fax: 620-431-0012



# Fax

**To:** Richard Smith - Berexco **From:** Cassie Hale

**Fax:** 316-1081-4734 **Pages:** 3

**Phone:** \_\_\_\_\_ **Date:** 8/16/2012

**Re:** \_\_\_\_\_ **cc:** \_\_\_\_\_

- Urgent     For Review     Please Comment     Please Reply     Please Recycle



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

**INVOICE**

Invoice # 252056

Invoice Date: 08/16/2012 Terms: 10/10/30,n/30

Page 1

BEREXCO, LLC  
P.O. BOX 723  
HAYS KS 67601  
(316) 265-3311

SPROTT #1  
37097  
1-24-25  
08-11-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	250.00	15.1000	3775.00
1118B	PREMIUM GEL / BENTONITE	860.00	.2500	215.00
1107	FLO-SEAL (25#)	62.00	2.8200	174.84

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-416.48
9995-130	CEMENT EQUIPMENT DISCOUNT	-224.34

Description	Hours	Unit Price	Total
399 P & A NEW WELL	1.00	1325.00	1325.00
399 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00
566 TON MILEAGE DELIVERY	1.00	718.40	718.40

Amount Due 6718.53 if paid after 09/15/2012

Parts:	4164.84	Freight:	.00	Tax:	279.26	AR	6046.68
Labor:	.00	Misc:	.00	Total:	6046.68		
Sublt:	-640.82	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/883-7664

PONCA CITY, OK  
580/782-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 37097  
LOCATION Oakley KS  
FOREMAN Miles Shaw

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-6676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-11-12	1707	Spratt #1	1	045	25W	Hudon
CUSTOMER Benedict			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			395	Dangin		
CITY			566	Jordan		
STATE						
ZIP CODE						

JOB TYPE P7B HOLE SIZE 7 7/8 HOLE DEPTH 1650 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.8 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting & rig up on Benedict #2 plus as ordered  
1st 20 sks @ 1650'  
2nd 20 sks @ 150'  
3rd 20 sks @ 200'  
4th Top 20 sks @ 100'  
RH 30 sks  
MA 20 sks  
250 sks 60/40 Poz 48 gal 1/4 # Flu seal

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	13.25 <sup>00</sup>	13.25 <sup>00</sup>
5406	40	MILEAGE	5 <sup>00</sup>	200 <sup>00</sup>
5407A	10.75	Ten mileage delivery	1.67	718.40
1131	250 sks	60/40 Poz cement	15.10	3775 <sup>00</sup>
111PB	860 <sup>#</sup>	Bentonite gel	.25	215 <sup>00</sup>
1107	62 <sup>#</sup>	Flu seal	2.82	174.84
			Subtotal	6408 <sup>24</sup>
			less 480 <sup>00</sup> account	640 <sup>84</sup>
			Subtotal	5767 <sup>42</sup>
			SALES TAX	279.26
			ESTIMATED TOTAL	6046.68

Rev'n 3737

AUTHORIZATION John Roberts TITLE Pillar Days DATE 8-11-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

250056